

Monticello Fire Department EMS Medical History Quick Reference

Name:

Address:

Phone:

Date of Birth:

SS #:

Doctors Name:

Current Illnesses
(eg. Congestive Heart Failure)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Past Medical Problems
(eg. Past Heart Attack)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Current Medications

Reason for taking each.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

List any Medication Allergies

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

**Post Form to your Refrigerator. Call 911 for
Emergencies.**